

PART B - FEE(S) TRANSMITTAL

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7590

04/03/2006

MILDE & HOFFBERG, LLP

COUNSELORS IN INTELLECTUAL PROPERTY LAW

SUITE 460

10 BANK STREET

WHITE PLAINS, NY 10606



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Steven M. Hoffberg

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/602,802

06/24/2003

David B. Lantrip

1531.0450003.1

1102

TITLE OF INVENTION: THREE-DIMENSIONAL DISPLAY OF DOCUMENT SET

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

nonprovisional

NO

\$1400

\$0

07/03/2006

BESK0400000092

10602620

03/2006

| EXAMINER | ART UNIT | CLASS-SUBCLASS | FC | FC | FC |
|----------|----------|----------------|----|----|----|
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MIZRAHI, DIANE D

2165

707-102000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Battelle Memorial Institute

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Richland, WA 99352

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies

10

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Steven M. Hoffberg

Registration No.

33,511

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